

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 155991

1. Corporation Name
RUEBEL'S INC.

Principal Place of Business

37526 US HWY 19 NO
PALM HARBOR FL 34684
US

Mailing Address

37526 US HWY 19 NO
PALM HARBOR FL 34684
US

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90051 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1948

4. FEI Number

59-0592250

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUEBEL, CHARLES G JR
37526 US HWY 19 NO
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name BARBARA J. STUBBS
82 Street Address (P.O. Box Number is Not Acceptable)
4005 WEST SAN JUAN STREET
83
84 City TAMPA FL 85 Zip Code 33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Barbara J. Stubbs*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/99
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|----------------------------|-------------------------|-------------------------------------|
| CD | RUEBEL, C G | 830 NORTSHORE DR APT 11E/F | ST PETERSBURG, FL 00000 | <input checked="" type="checkbox"/> |
| PD | STUBBS, BARBARA J | 4005 W SAN JUAN ST | TAMPA FL | <input type="checkbox"/> |
| VSTD | RUEBEL JR, CHARLES G | 4801 CARDINAL TRAIL | PALM HARBOR, FL 00000 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Stubbs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 813 805-2061
Date Daytime Phone #

CR2E034 (1/98)